

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 2994
OFFERED BY MRS. CAPPS OF CALIFORNIA**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

2 (a) SHORT TITLE.—This Act may be cited as the
3 “National Pain Care Policy Act of 2008”.

4 (b) TABLE OF CONTENTS.—The table of contents of
5 this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Institute of Medicine Conference on Pain.
Sec. 3. Pain research at National Institutes of Health.
Sec. 4. Pain care education and training.
Sec. 5. Public awareness campaign on pain management.

6 SEC. 2. INSTITUTE OF MEDICINE CONFERENCE ON PAIN.

7 (a) CONVENING.—Not later than June 30, 2009, the
8 Secretary of Health and Human Services shall seek to
9 enter into an agreement with the Institute of Medicine of
10 the National Academies to convene a Conference on Pain
11 (in this section referred to as “the Conference”).

12 (b) PURPOSES.—The purposes of the Conference
13 shall be to—

14 (1) increase the recognition of pain as a signifi-
15 cant public health problem in the United States;

1 (2) evaluate the adequacy of assessment, diag-
2 nosis, treatment, and management of acute and
3 chronic pain in the general population, and in identi-
4 fied racial, ethnic, gender, age, and other demo-
5 graphic groups that may be disproportionately af-
6 fected by inadequacies in the assessment, diagnosis,
7 treatment, and management of pain;

8 (3) identify barriers to appropriate pain care,
9 including—

10 (A) lack of understanding and education
11 among employers, patients, health care pro-
12 viders, regulators, and third-party payors;

13 (B) barriers to access to care at the pri-
14 mary, specialty, and tertiary care levels, includ-
15 ing barriers—

16 (i) specific to those populations that
17 are disproportionately undertreated for
18 pain;

19 (ii) related to physician concerns over
20 regulatory and law enforcement policies
21 applicable to some pain therapies; and

22 (iii) attributable to benefit, coverage,
23 and payment policies in both the public
24 and private sectors; and

1 (C) gaps in basic and clinical research on
2 the symptoms and causes of pain, and potential
3 assessment methods and new treatments to im-
4 prove pain care; and

5 (4) establish an agenda for action in both the
6 public and private sectors that will reduce such bar-
7 riers and significantly improve the state of pain care
8 research, education, and clinical care in the United
9 States.

10 (c) OTHER APPROPRIATE ENTITY.—If the Institute
11 of Medicine declines to enter into an agreement under sub-
12 section (a), the Secretary of Health and Human Services
13 may enter into such agreement with another appropriate
14 entity.

15 (d) REPORT.—A report summarizing the Con-
16 ference's findings and recommendations shall be sub-
17 mitted to the Congress not later than June 30, 2010.

18 (e) AUTHORIZATION OF APPROPRIATIONS.—For the
19 purpose of carrying out this section, there is authorized
20 to be appropriated \$500,000 for each of fiscal years 2009
21 and 2010.

1 **SEC. 3. PAIN RESEARCH AT NATIONAL INSTITUTES OF**
2 **HEALTH.**

3 Part B of title IV of the Public Health Service Act
4 (42 U.S.C. 284 et seq.) is amended by adding at the end
5 the following:

6 **“SEC. 409J. PAIN RESEARCH.**

7 “(a) RESEARCH INITIATIVES.—

8 “(1) IN GENERAL.—The Director of NIH is en-
9 couraged to continue and expand, through the Pain
10 Consortium, an aggressive program of basic and
11 clinical research on the causes of and potential treat-
12 ments for pain.

13 “(2) ANNUAL RECOMMENDATIONS.—Not less
14 than annually, the Pain Consortium, in consultation
15 with the Division of Program Coordination, Plan-
16 ning, and Strategic Initiatives, shall develop and
17 submit to the Director of NIH recommendations on
18 appropriate pain research initiatives that could be
19 undertaken with funds reserved under section
20 402A(c)(1) for the Common Fund or otherwise
21 available for such initiatives.

22 “(3) DEFINITION.—In this subsection, the term
23 ‘Pain Consortium’ means the Pain Consortium of
24 the National Institutes of Health or a similar trans-
25 National Institutes of Health coordinating entity

1 designated by the Secretary for purposes of this sub-
2 section.

3 “(b) INTERAGENCY PAIN RESEARCH COORDINATING
4 COMMITTEE.—

5 “(1) ESTABLISHMENT.—The Secretary shall es-
6 tablish not later than 1 year after the date of the
7 enactment of this section and as necessary maintain
8 a committee, to be known as the Interagency Pain
9 Research Coordinating Committee (in this section
10 referred to as the ‘Committee’), to coordinate all ef-
11 forts within the Department of Health and Human
12 Services and other Federal agencies that relate to
13 pain research.

14 “(2) MEMBERSHIP.—

15 “(A) IN GENERAL.—The Committee shall
16 be composed of the following voting members:

17 “(i) Not more than 7 voting Federal
18 representatives as follows:

19 “(I) The Director of the Centers
20 for Disease Control and Prevention.

21 “(II) The Director of the Na-
22 tional Institutes of Health and the di-
23 rectors of such national research insti-
24 tutes and national centers as the Sec-
25 retary determines appropriate.

1 “(III) The heads of such other
2 agencies of the Department of Health
3 and Human Services as the Secretary
4 determines appropriate.

5 “(IV) Representatives of other
6 Federal agencies that conduct or sup-
7 port pain care research and treat-
8 ment, including the Department of
9 Defense and the Department of Vet-
10 erans Affairs.

11 “(ii) 12 additional voting members ap-
12 pointed under subparagraph (B).

13 “(B) ADDITIONAL MEMBERS.—The Com-
14 mittee shall include additional voting members
15 appointed by the Secretary as follows:

16 “(i) 6 members shall be appointed
17 from among scientists, physicians, and
18 other health professionals, who—

19 “(I) are not officers or employees
20 of the United States;

21 “(II) represent multiple dis-
22 ciplines, including clinical, basic, and
23 public health sciences;

1 “(III) represent different geo-
2 graphical regions of the United
3 States; and

4 “(IV) are from practice settings,
5 academia, manufacturers or other re-
6 search settings; and

7 “(ii) 6 members shall be appointed
8 from members of the general public, who
9 are representatives of leading research, ad-
10 vocacy, and service organizations for indi-
11 viduals with pain-related conditions

12 “(C) NONVOTING MEMBERS.—The Com-
13 mittee shall include such nonvoting members as
14 the Secretary determines to be appropriate.

15 “(3) CHAIRPERSON.—The voting members of
16 the Committee shall select a chairperson from
17 among such members. The selection of a chairperson
18 shall be subject to the approval of the Director of
19 NIH.

20 “(4) MEETINGS.—The Committee shall meet at
21 the call of the chairperson of the Committee or upon
22 the request of the Director of NIH, but in no case
23 less often than once each year.

24 “(5) DUTIES.—The Committee shall—

1 “(A) develop a summary of advances in
2 pain care research supported or conducted by
3 the Federal agencies relevant to the diagnosis,
4 prevention, and treatment of pain and diseases
5 and disorders associated with pain;

6 “(B) identify critical gaps in basic and
7 clinical research on the symptoms and causes of
8 pain;

9 “(C) make recommendations to ensure that
10 the activities of the National Institutes of
11 Health and other Federal agencies, including
12 the Department of Defense and the Department
13 of Veteran Affairs, are free of unnecessary du-
14 plication of effort;

15 “(D) make recommendations on how best
16 to disseminate information on pain care; and

17 “(E) make recommendations on how to ex-
18 pand partnerships between public entities, in-
19 cluding Federal agencies, and private entities to
20 expand collaborative, cross-cutting research.

21 “(6) REVIEW.—The Secretary shall review the
22 necessity of the Committee at least once every 2
23 years.”.

1 **SEC. 4. PAIN CARE EDUCATION AND TRAINING.**

2 (a) PAIN CARE EDUCATION AND TRAINING.—Part D
3 of title VII of the Public Health Service Act (42 U.S.C.
4 294 et seq.) is amended—

5 (1) by redesignating sections 754 through 758
6 as sections 755 through 759, respectively; and

7 (2) by inserting after section 753 the following:

8 **“SEC. 754. PROGRAM FOR EDUCATION AND TRAINING IN**
9 **PAIN CARE.**

10 “(a) IN GENERAL.—The Secretary may make awards
11 of grants, cooperative agreements, and contracts to health
12 professions schools, hospices, and other public and private
13 entities for the development and implementation of pro-
14 grams to provide education and training to health care
15 professionals in pain care.

16 “(b) PRIORITIES.—In making awards under sub-
17 section (a), the Secretary shall give priority to awards for
18 the implementation of programs under such subsection.

19 “(c) CERTAIN TOPICS.—An award may be made
20 under subsection (a) only if the applicant for the award
21 agrees that the program carried out with the award will
22 include information and education on—

23 “(1) recognized means for assessing, diag-
24 nosing, treating, and managing pain and related
25 signs and symptoms, including the medically appro-
26 priate use of controlled substances;

1 “(2) applicable laws, regulations, rules, and
2 policies on controlled substances, including the de-
3 gree to which misconceptions and concerns regarding
4 such laws, regulations, rules, and policies, or the en-
5 forcement thereof, may create barriers to patient ac-
6 cess to appropriate and effective pain care;

7 “(3) interdisciplinary approaches to the delivery
8 of pain care, including delivery through specialized
9 centers providing comprehensive pain care treatment
10 expertise;

11 “(4) cultural, linguistic, literacy, geographic,
12 and other barriers to care in underserved popu-
13 lations; and

14 “(5) recent findings, developments, and im-
15 provements in the provision of pain care.

16 “(d) PROGRAM SITES.—Education and training
17 under subsection (a) may be provided at or through health
18 professions schools, residency training programs, and
19 other graduate programs in the health professions; entities
20 that provide continuing education in medicine, pain man-
21 agement, dentistry, psychology, social work, nursing, and
22 pharmacy; hospices; and such other programs or sites as
23 the Secretary determines to be appropriate.

24 “(e) EVALUATION OF PROGRAMS.—The Secretary
25 shall (directly or through grants or contracts) provide for

1 the evaluation of programs implemented under subsection
2 (a) in order to determine the effect of such programs on
3 knowledge and practice of pain care.

4 “(f) PEER REVIEW GROUPS.—In carrying out section
5 799(f) with respect to this section, the Secretary shall en-
6 sure that the membership of each peer review group in-
7 volved includes individuals with expertise and experience
8 in pain care.

9 “(g) DEFINITIONS.—For purposes of this section the
10 term ‘pain care’ means the assessment, diagnosis, treat-
11 ment, or management of acute or chronic pain regardless
12 of causation or body location.”.

13 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
14 758(b)(1) of the Public Health Service Act (as redesign-
15 nated by subsection (a)(1) of this section) is amended—

16 (1) by striking “and” at the end of subpara-
17 graph (B);

18 (2) by striking the period at the end of sub-
19 paragraph (C) and inserting “; and”; and

20 (3) by inserting after subparagraph (C) the fol-
21 lowing:

22 “(D) not less than \$5,000,000 for awards
23 of grants, cooperative agreements, and con-
24 tracts under sections 754.”.

1 (c) TECHNICAL AMENDMENTS.—Title VII of the
2 Public Health Service Act (42 U.S.C. 292 et seq.) is
3 amended—

4 (1) in paragraph (2) of section 757(b) (as re-
5 designated by subsection (a)(1)), by striking
6 “754(3)(A), and 755(b)” and inserting “755(3)(A),
7 and 756(b)”;

8 (2) in subparagraph (C) of section 758(b)(1)
9 (as redesignated by subsection (a)(1)), by striking
10 “754, and 755” and inserting “755, and 756”.

11 **SEC. 5. PUBLIC AWARENESS CAMPAIGN ON PAIN MANAGE-**
12 **MENT.**

13 Part B of title II of the Public Health Service Act
14 (42 U.S.C. 238 et seq.) is amended by adding at the end
15 the following:

16 **“SEC. 249. NATIONAL EDUCATION OUTREACH AND AWARE-**
17 **NESS CAMPAIGN ON PAIN MANAGEMENT.**

18 “(a) ESTABLISHMENT.—Not later than June 30,
19 2009, the Secretary shall establish and implement a na-
20 tional pain care education outreach and awareness cam-
21 paign described in subsection (b).

22 “(b) REQUIREMENTS.—The Secretary shall design
23 the public awareness campaign under this section to edu-
24 cate consumers, patients, their families, and other care-
25 givers with respect to—

1 “(1) the incidence and importance of pain as a
2 national public health problem;

3 “(2) the adverse physical, psychological, emo-
4 tional, societal, and financial consequences that can
5 result if pain is not appropriately assessed, diag-
6 nosed, treated, or managed;

7 “(3) the availability, benefits, and risks of all
8 pain treatment and management options;

9 “(4) having pain promptly assessed, appro-
10 priately diagnosed, treated, and managed, and regu-
11 larly reassessed with treatment adjusted as needed;

12 “(5) the role of credentialed pain management
13 specialists and subspecialists, and of comprehensive
14 interdisciplinary centers of treatment expertise;

15 “(6) the availability in the public, nonprofit,
16 and private sectors of pain management-related in-
17 formation, services, and resources for consumers,
18 employers, third-party payors, patients, their fami-
19 lies, and caregivers, including information on—

20 “(A) appropriate assessment, diagnosis,
21 treatment, and management options for all
22 types of pain and pain-related symptoms; and

23 “(B) conditions for which no treatment op-
24 tions are yet recognized; and

1 “(7) other issues the Secretary deems appro-
2 priate.

3 “(c) CONSULTATION.—In designing and imple-
4 menting the public awareness campaign required by this
5 section, the Secretary shall consult with organizations rep-
6 resenting patients in pain and other consumers, employ-
7 ers, physicians including physicians specializing in pain
8 care, other pain management professionals, medical device
9 manufacturers, and pharmaceutical companies.

10 “(d) COORDINATION.—

11 “(1) LEAD OFFICIAL.—The Secretary shall des-
12 ignate one official in the Department of Health and
13 Human Services to oversee the campaign established
14 under this section.

15 “(2) AGENCY COORDINATION.—The Secretary
16 shall ensure the involvement in the public awareness
17 campaign under this section of the Surgeon General
18 of the Public Health Service, the Director of the
19 Centers for Disease Control and Prevention, and
20 such other representatives of offices and agencies of
21 the Department of Health and Human Services as
22 the Secretary determines appropriate.

23 “(e) UNDERSERVED AREAS AND POPULATIONS.—In
24 designing the public awareness campaign under this sec-
25 tion, the Secretary shall—

1 “(1) take into account the special needs of geo-
2 graphic areas and racial, ethnic, gender, age, and
3 other demographic groups that are currently under-
4 served; and

5 “(2) provide resources that will reduce dispari-
6 ties in access to appropriate diagnosis, assessment,
7 and treatment.

8 “(f) GRANTS AND CONTRACTS.—The Secretary may
9 make awards of grants, cooperative agreements, and con-
10 tracts to public agencies and private nonprofit organiza-
11 tions to assist with the development and implementation
12 of the public awareness campaign under this section.

13 “(g) EVALUATION AND REPORT.—Not later than the
14 end of fiscal year 2011, the Secretary shall prepare and
15 submit to the Congress a report evaluating the effective-
16 ness of the public awareness campaign under this section
17 in educating the general public with respect to the matters
18 described in subsection (b).

19 “(h) AUTHORIZATION OF APPROPRIATIONS.—For
20 purposes of carrying out this section, there are authorized
21 to be appropriated \$2,000,000 for fiscal year 2009 and
22 \$4,000,000 for each of fiscal years 2010 and 2011.”.